## FORM D

SEC Mail Processing Section

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

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NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076 Expires: August 31,2008 Estimated average burden

Estimated average burden hours per response. . . . . 16.00

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
1	1				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Commonfund Capital Natural Resources Partners VIII,	
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE SEP 1 0 2008
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	THOMSON REUTER
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Commonfund Capital Natural Resources Partners VIII, Address of Executive Offices (Number and Street, City, State, Zip Code)	L.P. Telephone Number (Including Area Code)
15 Old Danbury Road, Wilton CT 06897-0812  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	(203) 563-5073 Telephone Number (Including Area Code)
Brief Description of Business	
Investments	
Type of Business Organization    corporation   limited partnership, already formed   other (p	olease spc 08059442
Month Year  Actual or Estimated Date of Incorporation or Organization: OB DE MACtual Estir  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	nated -
GENERAL INSTRUCTIONS	_
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Conversely, failure to file the ess such exemption is predictated on the

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and man	naging partners of	partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Fairfield Partners 2009 L.P. Business or Residence Address (Number and Street, City, State, Zip Code)		
15 Old Danbury Road, Wilton CT 06897-0812  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director	▼ General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer		Managing Partner
Full Name (Last name first, if individual)		
Fairfield Partners 2009 GP LLC Business or Residence Address (Number and Street, City, State, Zip Code)		
15 Old Danbury Road, Wilton CT 06897-0812		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)		<u> </u>
Commonfund Capital Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)		
15 Old Danbury Road, Wilton CT 06897-0812		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Carter, Susan J.  Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·
15 Old Danbury Road, Wilton CT 06897-0812		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Costa, Linda A.  Business or Residence Address (Number and Street, City, State, Zip Code)		
15 Old Danbury Road, Wilton CT 06897-0812		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Sedlacek, Verne O. Business or Residence Address (Number and Street, City, State, Zip Code)		
15 Old Danbury Road, Wilton CT 06897-0812  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Hutton, Lyn Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>	
15 Old Danbury Road, Wilton CT 06897-0812  (Use blank sheet, or copy and use additional copies of this s	sheet, as necessary	)

		A. BASIC IDE	ENTIFICATION DATA					
2. Enter the information re	equested for the fol	lowing:						
<ul> <li>Each promoter of t</li> </ul>	the issuer, if the iss	suer has been organized w	ithin the past five years;					
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispose, or dir	ect the vote or disposition (	of, 10% or more of	a class of equity securities of the issuer.			
<ul> <li>Each executive off</li> </ul>	icer and director o	f corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and			
<ul> <li>Each general and r</li> </ul>	nanaging partner o	f partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner			
Auchincloss, J								
Full Name (Last name first, i	•							
15 Old Danbury Business or Residence Addre								
Dustiness of Residence Addit	oms isolimer) ec	Sucer, City, State, Zip Co	oue)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, i	f individual)	·						
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)					
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
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Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)					
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Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)					
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary)							

*Subject to the discretion of the General Partner.  Yes No 3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer [I more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer greatered with the SEC and/or with a state or states, list the name of the broker or dealer [I more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer engine with a broker or dealer, you may set forth the information for that broker or dealer engine with a broker or dealer greater with the SEC and or with a state or states. It is the name first, if individual States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC F GA III ID  IN IA ISS KY LA MP WID MA MI MM MS MO  MI NE NV NIN NJ NM NY NC ND DH DK DR PA  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC DC F GA HI ID  IN IA ISS KY LA ME MD MA MI NN MS MO  MI NN MS MO  ALL ARE AZ AR CA CO CT DE DC DC F GA HI ID  IN						В. П	NFORMAT	ION ABOU	T OFFERI	NG				
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. Time or than five (5) persons to be listed are associated persons of such a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. Time or than five (5) persons to be listed are associated persons of such a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. Time or than five (5) persons to be listed are associated persons of such a broker or dealer conty.  Full Name (Last name first, thindividual)  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI DD CM	,	Uan the	logues sal		۰ ۱	atand 4	11 to ===	. L - 4!t - 3 *	nuacta '	this see				-
2. What is the minimum investment that will be accepted from any individual?  *Subject to the discretion of the General Partner.  *Subject to the discretion of the General Partner.  *Subject to the discretion of the General Partner.  *Yes No  74. Part the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of secunities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer rejistered with the SEC and/or with a state or status. If the hame of the broker or dealer in flower than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Commonfund Capital Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  15 Old Danburry Road, Wilton CT 06897-0812  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC PI TA III ID  IN IA ES EX IIA ME NO DH OK DR PA  III IN IA ES EX IIA ME NO DH OK DR PA  III IN IA ES EX IIA ME NO DH OK DR PA  III IN IA ES EX IIA ME NO DH OK DR PA  III IN IA ES EX IIA ME NO DH OK DR PA  III IN IA ES EX IIA ME NO DH OK DR PA  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III IN IA ES EX IIA ME DE DC PI GA III ID  III	ı.	·						Ц	<b>IXI</b>					
*Subject to the discretion of the General Partner.  Yes No 3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated persons of such a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, own any set forth the information for that broker or dealer engages as the or states, list when the other or dealer. The control of the properties of the states of the state	2	Whatia	the minim	um invest-			• •		•				¢1 /	100 000s
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commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a borker or dealer resistered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Commonfund_Capital_Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  15_Old_Danbury Road, Wilton CT_06897-0812  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	3.		_	-		-								
Common fund Capital Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  15. Old Danbury Road, Wilton CT 06897-0812  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC F. GA HI ID  IN IA KS KY LA ME MD MA M MY MS MO  MT NE NV NH NJ NM NY NC ND DH DK DR PA  Full Name (Last name first, if Individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All States  (Check "All States" or check individual States)  All States  All AK AZ AR CA CO CT DE DC F. GA HI ID  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All States  All AK AZ AR CA CO CT DE DC F. GA HI ID  Name of Associated Broker or Dealer  Full Name (Last name first, if Individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All States  All AK AZ AR CA CO CT DE DC F. GA HI ID  All States  All AK AZ AR CA CO CT DE DC F. GA HI ID  IN IA KS KY LA ME MD MA MI MN	4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO	Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						··· -
(Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO	Na	me of As	sociated Bi	oker or De	aler							<del>.</del> .		
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO	Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						<u>.                                    </u>
IL IN IA KS KY LA ME MD MA MI MN MS MO		(Check	"All States	s" or check	individual	States)	***************************************	•••••					☐ A1	l States
IL IN IA KS KY LA ME MD MA MI MN MS MO		AL	AK	[AZ]	AR	CÁ	CO	CT	DΕ	DC	FL	GA	HI	ID
			IN	IA	KS	KY								
RI SC SD TN TX UT VT VA WA WV WI WY PR		MT	NE	[NV]	NH TN	NĴ	NM III	NY VT	NC]	ND WA	OH WV	OK Wil	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	0	\$_0
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	S 0	<b>\$</b> 0
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ <u>0</u>
	Non-accredited Investors		\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$ <u>0</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s
	Regulation A		s
	Rule 504		\$
	Total		\$ <u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$200,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) Blue Sky, Administrative Fees, Misc.	<del></del>	\$250,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question ! and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	;	\$849,550,000
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	X \$ <u>*</u>	. 🗆 \$
	Purchase of real estate	\$	. 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	□\$	. 🗆 \$
	Construction or leasing of plant buildings and facilities	<del></del> -	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_	_
	Repayment of indebtedness	-	
	Working capital		<del></del>
	Other (specify): Investments	<del></del>	<del></del>
	Other (specify), —— Code		<u> Mar.</u>
		\$	\$
	Column Totals	፟ \$_*	፟ \$_*
	Total Payments Listed (column totals added)	X \$ <u>84</u>	9,550,000
	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	
•	uer (Print or Type) Commonfund Capital Natural Resources Partners VIII, L.P.	Date 8/26/	68
	me of Signer (Print or Type)  Title of Signer (Print or Type)  C.F.O. of Fairfield Partners 2007  of the Issuer's General Partner.	GP LLC, the	General Partne
_	It is anticipated that the General Partner will receive a fee for management ser	vices (the "Ma	nagement Fee")

\* It is anticipated that the General Partner will receive a fee for management services (the "Management Fee") payable by Commonfund Capital Natural Resources Partners VIII, L.P., in advance, on the first day of each fiscal quarter, equal to a percentage, as specified in the Partnership Agreement, multiplied by the Aggregate Capital Commitments to Commonfund Capital Natural Resources Partners VIII, L.P.

\*\*\$849,550,000 minus the Management Fee

